



CITY OF FAIRFIELD
Senior Home Assistance Repair Event (SHARE)
2013 Application

National Good Neighbor Day, Saturday, September 28, 2013

Please return application and copies of bank statements to:

City of Fairfield, Attn: Robert Basile, 1000 Webster St., 2nd Floor, Fairfield, CA 94533 (707) 428-7387

Applicant Name: (Last) _____ (First) _____ (MI) _____ Date of Birth _____ SS# _____
(_____) _____
Address _____ City _____ Zip Code _____ Phone _____
Homeowner _____ Renter _____ Are you Disabled? Yes _____ No _____

OTHER HOUSEHOLD MEMBERS PLEASE INDICATE IF ANY MEMBER HAS A DISABILITY

(Name) _____ (Age) _____ (Disabled) Yes _____ No _____

(Name) _____ (Age) _____ (Disabled) Yes _____ No _____

(Name) _____ (Age) _____ (Disabled) Yes _____ No _____

HOUSEHOLD INCOME

What is your total household income from all sources? _____ Is your income at or below
the amount shown on the following table? YES NO

SHARE Program Household Income Limits (80% of the Area Median Income)

Household Size	1	2	3	4	5	6	7
Income limit	44,150	50,450	56,750	63,050	68,100	73,150	78,200

REPAIRS (Check what type of minor home repair is needed in your home)

THE SHARE PROGRAM CANNOT ACCOMMODATE ANY WORK THAT REQUIRES A PERMIT

Lever door handles

Shower Bench

Exterior Ramps

Glow in the dark light switches

Non-skid bath tub mats

Leaking Faucet

Grab bars and rails in bathroom

Smoke/CO detectors

Clean Gutters

Shower nozzles, hand held or lowered

Exterior motion lights

Trash Removal

Replace Furnace Filters

Energy-efficient light bulbs

Screen Door

Is your home protected with a smoke detector? Yes _____ No _____ How Many _____

CERTIFICATION

I certify that the above information I have given is true and complete. I understand that any false statement or misrepresentation made by me for the purpose of obtaining assistance under this program may result in an action against me which may subject me to civil and/or criminal penalties. I approve the use of my photo or a photo of the work done at my home to publicize the benefits of this program.

Applicant's Signature: _____ Date: _____

For Office Use Only:

Signature of Reviewer _____ Date: _____

Fire Detector Installation Date: _____

Fire Detector Battery Replacement Date: _____



Application Deadline is Friday August 30, 2013